



COMDTNOTE 1000

May 14, 2002

COMMANDANT NOTICE 1000

CANCELLED: May 13, 2003

Subj: CH-36 TO PERSONNEL MANUAL, COMDTINST M1000.6A

1. PURPOSE. This Notice publishes a change to the Personnel Manual. This Notice is for the use of all active and reserve Coast Guard members and other Service members assigned to duty with the Coast Guard.
2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, commanding officers of headquarters units, assistant commandants for directorates, Chief Counsel, and chiefs of special staff offices at Headquarters shall ensure compliance with the provisions of this Notice. No paper distribution will be made of this Notice. Official distribution will be via the Coast Guard Directives System CD. An electronic version will also be made available via the Commandant (G-WPM-1) website (www.uscg.mil/hq/g-w/g-wp/g-wpm/WPM-1.htm) and the Department of Transportation website (<http://isddc.dot.gov/>). Further distribution via the Internet is authorized.
3. DIRECTIVES AFFECTED. The following directives are cancelled:
 - a. Driving Under the Influence of Intoxicants, COMDTINST 5100.46
 - b. Urinalysis Drug Testing Procedures, COMDTINST 5355.1F
4. SUMMARY. Enclosure (1) summarizes the changes to Chapter 20 provided as enclosure (2). These incorporate the contents and procedures of the two directives listed above and update the policies to reflect current procedures and program structures. Changes are indicated by boldface text.
5. PROCEDURES. Remove Chapter 20 in its entirety. Insert Chapter 20 contents, chapter 20.A., pages 1-8; Chapter 20.B., pages 1-9; and chapter 20.C., pages 1-26.
6. FORMS AVAILABILITY. CG Forms listed throughout this change are available in "Jetform" on Standard Workstation III.

Sally Brice-O'Hara

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Rear Admiral, U. S. Coast Guard
Director of Personnel Management

ENCL: (1) Summary of Changes
(2) Change 36 COMDTINST M1000.6A

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NON-STANDARD DISTRIBUTION: See action paragraph.

CH-36 TO PERSONNEL MANUAL, COMDTINST M1000.6A

SUMMARY OF CHANGES

Chapter 20	
Article 20.A.2.d.	The definition of “alcohol incident” is clarified
Article 20.A.2.e.	States training requirements necessary for medical professionals conducting alcohol screenings.
Article 20.A.2.k.	The definition of “drug incident” is expanded to include abuse of inhalants and over-the-counter drugs.
Article 20.A.3.c.	Requirement for supervisors to attend training in identification of early drug/alcohol abuse symptoms at least once tri-annually is changed to once in career.
Article 20.A.3.d.	Semi-annual requirement for unit training changed to annual.
Article 20.A.3.e.	Family Advocacy Specialists better defined.
Article 20.A.4.	Contents of Driving Under the Influence of Intoxicants, COMDTINST 5100.46, is incorporated into the Personnel Manual.
Article 20.B.2.e.	For members who self-refer for alcohol abuse, the screening letter and treatment plan may be removed from personnel records after successful completion of prescribed aftercare.
Article 20.B.2.h.	Commanding Officer’s authority to request retention following a second alcohol incident is restated. Procedures for members entitled to an Administrative Discharge Board are clarified.
Article 20.B.2.j.	All members who have an alcohol incident shall be sent for alcohol screening. Members who have an alcohol incident solely due to underage drinking are given an opportunity to have that incident removed from their record after three years.
Article 20.B.2.k.	Members who self-refer for an alcohol screening that are identified as chemically dependent shall be granted consideration should they experience a relapse in the aftercare phase of a treatment program.
Article 20.B.2.n.	Policy concerning conditions determined to be preexisting at time of accession is added.
Articles 20.C.2. & 20.C.5.	Contents of Urinalysis Drug Testing Procedures, COMDTINST 5355.1F, is incorporated into the Personnel Manual.

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20.A. Substance and Alcohol Abuse

20.A.1. Policy and Goals

20.A.1.a. Policy

Substance and alcohol abuse undermine morale, mission performance, safety, and health. They will not be tolerated within the Coast Guard. Thus, drug and alcohol screening is mandated by law, (10 USC 1090), to identify, treat, and rehabilitate members of the Armed Forces who are dependent on drugs or alcohol. Furthermore, the possession, use, or distribution of a controlled substance as defined in the * Uniform Code of Military Justice (UCMJ), Article 112a, and (10 USC 912a), constitutes a serious breach of discipline. Effective leadership at all levels is necessary to curb **substance** and alcohol abuse in the Coast Guard. Each command must be prepared to identify and eliminate **substance** and alcohol abuse.

20.A.1.b. Goal

The goal of the **substance** and alcohol abuse program is to enable the Coast Guard to accomplish its missions unhampered by the effects of **substance** and alcohol abuse.

20.A.1.c. Objectives

The objectives of the **substance** and alcohol abuse **prevention** programs are to:

1. Reduce the incidence of **substance** and alcohol abuse by Coast Guard members;
2. Detect and separate from the Coast Guard those members who abuse, traffic in, or unlawfully possess drugs; and
3. Facilitate the identification, treatment, and rehabilitation **of** members **who are found to be chemically** dependent on **drugs or** alcohol **prior to discharge from the Coast Guard.**

20.A.2. Definitions

20.A.2.a. General

These definitions apply in the **substance** and alcohol abuse programs. They do not change definitions in statutes, regulations, or directives concerned with personnel administration, medical care, or with the determination of misconduct and criminal or civil convictions for personal acts or omissions.

20.A.2.b. Alcohol Abuse

A general term for the misuse of alcohol which interferes with the user's health, safety, job performance, family life, or other required social adaptation. "Alcohol abuse" also applies to a medical diagnosis made by a physician, clinical psychologist, or a DoD or civilian equivalent Counseling and Assistance Center (CAAC) counselor. The * Health Promotions Manual, COMDTINST M6200.1 (series), or the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) contain the criteria to establish a diagnosis of Alcohol Abuse (305.0). The medical diagnosis is primarily used to determine the appropriate level of treatment.

20.A.2.c. Alcohol Dependence

A chronic disease, sometimes referred to as alcoholism, characterized by repetitive, compulsive ingestion of alcohol which interferes with the user's health, safety, job performance, family life, or other required social adaptation. This disease process may involve increasing tolerance for alcohol. An alcohol-dependent person may experience withdrawal symptoms when he or she stops drinking. The term alcohol dependence also applies to a medical diagnosis made by a physician or clinical psychologist. The * Health Promotions Manual, COMDTINST M6200.1 (series), Ch 2, or DSM-IV contains the criteria to establish a diagnosis of Alcohol Dependence (303.9). The medical diagnosis is primarily used to determine the appropriate level of treatment.

20.A.2.d. Alcohol Incident

1. Any behavior, in which alcohol is determined, **by the commanding officer**, to be a significant or causative factor, that results in the member's loss of ability to perform assigned duties, brings discredit upon the Uniformed Services, or is a violation of the Uniform Code of Military Justice, Federal, State, or local laws. The member need not be found guilty at court-martial, in a civilian court, or be awarded non-judicial punishment for the behavior to be considered an alcohol incident.
2. **The member must actually consume alcohol for an alcohol incident to have occurred.** Simply being present where alcohol is consumed does not constitute an alcohol incident. The member may be counseled on appropriate behavior or may be held jointly responsible for any damage or untoward behavior associated with the group. Purchasing alcohol for use by minors is not an alcohol incident, but does represent a serious breach of discipline and subjects the member to civil or military (UCMJ) penalties.

20.A.2.e. Alcohol Screening

An evaluation by a physician **who has attended Addiction Orientation for Health Care Provider (AOHCP) training or who has equivalent training regarding substance abuse and chemical dependency**, clinical psychologist, or a DoD or civilian equivalent CAAC counselor to determine the nature and extent of alcohol abuse. An evaluation by a Collateral Duty Alcohol Representative (CDAR) does not satisfy the screening requirement contained in this Manual.

20.A.2.f. Commanding Officer

As used in this chapter, “commanding officer” includes **commanders, commanding officers, and** officers-in-charge.

20.A.2.g. Drugs

Controlled substances as defined in ✖ UCMJ (10 USC 912a), Article 112a.

20.A.2.h. Drug (Substance) Abuse

The use of a drug or **substance** for other than its intended legal use. (See ✖ Article 20.A.2.k.)

20.A.2.i. Drug Abuse Paraphernalia

Equipment, products, and materials of any kind that are used for trafficking, supplying, injecting, ingesting, inhaling, or otherwise introducing into the human body any drug **or substance** in order to abuse that drug **or substance**.

20.A.2.j. Drug Dependence

A chronic disease characterized by the repetitive, compulsive use of drugs which interferes with the user’s health, safety, job performance, family life, or other required social adaptation. This disease process may involve the increasing need for drugs. A drug-dependent **individual** may experience withdrawal symptoms when he or she stops taking drugs. “Drug dependence” also applies to a medical diagnosis made by a physician or clinical psychologist. The criteria to establish a diagnosis of Drug Dependence (304.X) can be found in the DSM-IV. The medical diagnosis is primarily used to determine the appropriate level of treatment.

20.A.2.k. Drug Incident

1. Any of the following conduct constitutes a drug incident **as determined by the commanding officer**:
 - a. Intentional use of drugs;
 - b. Wrongful possession of drugs;
 - c. Trafficking (distribution, importing, exporting, or introduction into a military facility) of drugs;
 - d. **The intentional use of other substances, such as inhalants, glue, and cleaning agents, or over-the-counter (OTC), or prescription medications to obtain a "high," contrary to their intended use; or,**
 - e. A civil or military conviction for wrongful use, possession, or trafficking of drugs, **unless rebutted by other evidence.**
2. The member need not be found guilty at court-martial, in a civilian court, or be awarded NJP for the conduct to be considered a drug incident.

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3. If the conduct occurs without the member's knowledge, awareness, or reasonable suspicion or is medically authorized, it does not constitute a drug incident.

20.A.2.l. Random Testing

Statistics of, pertaining to, or characterizing a method of statistical sample selection in which all possible samples have equal probability of selection. For further definition, refer to ✖ Article 20.C.2.b.

20.A.2.m. Urinalysis

The entire procedure involved in obtaining urine samples under controlled conditions, maintaining a chain of custody on each sample, and scientifically analyzing the samples to detect the presence of drugs.

20.A.3. Training and Education

20.A.3.a. Substance Abuse-Free Environment (SAFE)

Training on the dangers of substance abuse and ways to detect substance abuse problems of members and their families is essential to the effective pursuit of the goal of a substance abuse free Coast Guard. All members must be familiar with Coast Guard **substance** and alcohol abuse policies.

20.A.3.b. Accession Training

All members entering the Coast Guard, recruits, officer candidates, direct commission officers, and cadets shall have the Commandant's policies on **substance** and alcohol abuse explained to them during their initial training, documented by appropriate Administrative Remarks (CG-3307) entry in each member's Personnel Data Record.

20.A.3.c. Supervisors

Supervisors shall undergo instruction in identifying early **substance** and alcohol abuse symptoms, including emphasis on their responsibilities to document and provide referral and/or treatment for **substance** and alcohol abusers. **Supervisor training is required once during a member's career, to be given at the first unit to which assigned as a supervisor, as outlined in the ✖ Health Promotions Manual, COMDTINST M6200.1 (series).**

20.A.3.d. Unit Training

Units shall conduct **annual** training on the physical and psychological effects of **substance** and alcohol abuse, the resources available to help overcome abuse problems, and Coast Guard policy contained in this chapter.

20.A.3.e. Family Advocacy Specialist (FAS)

A civilian human services professional with specific training in domestic violence, child abuse and neglect, suicide, rape, sexual assault, and special needs. FASs are located Coast Guard-wide. Family advocacy **specialists** shall provide information on detecting and responding to **substance** and alcohol abuse in the family environment and the resources available when professional help is needed.

20.A.3.f. Health Promotion Manager

Health Promotion Managers shall provide general awareness training when visiting Coast Guard units to assist CDARs in meeting the requirements of ✕ Article 20.A.3.d.

20.A.4. Driving Under the Influence of Intoxicants

20.A.4.a. Policy

Driving privileges on Coast Guard installations are subject to suspension **or restriction** when a member is charged with or convicted of driving under the influence of intoxicants (DUI).

20.A.4.b. Definition

As used in this article, includes either one of the following.

1. Operating a motor vehicle while “Under the Influence,” meaning any intoxication which is sufficient to impair the rational and full exercise of the mental or physical faculties. The substance that caused the intoxication is immaterial; or
2. Operating a motor vehicle while intoxicated to the extent that it is a violation of the law in the jurisdiction where the vehicle is operated.

20.A.4.c. Awareness Training

If driving privileges are suspended on a Coast Guard installation, in accordance with the procedures contained in this article, completion of an alcohol safety awareness program (Navy Alcohol and Drug Safety Awareness Program or its equivalent) is mandatory before those driving privileges are reinstated. Commands that desire to implement an expanded driving safety program or an alcohol awareness program may use a variety of government and private resources. Training resources include the National Clearinghouse for Alcohol and Drug Information, local government agencies, and private organizations such as Mothers Against Drunk Driving (MADD) and Students Against Driving Drunk (SADD). These resources are available in most locations to support motor vehicle safety and alcohol awareness programs.

20.A.4.d. Restriction of Driving Privileges

The procedures in this article apply to all drivers who have driving privileges on Coast Guard installations including, but not limited to, military personnel, dependents, and military retirees.

1. Commanding Officers may impose preliminary **restrictions** of driving privileges when a person has been lawfully apprehended by civil or military authorities for DUI.
 - a. When preliminary suspensions are imposed, the Commanding Officer, or his/her designee, shall hold an informal hearing to determine the validity of the apprehension. If the hearing officer is convinced that the apprehension was invalid, the **restriction** should be terminated; if he/she is not convinced, it shall remain in effect.

- b. If the preliminary **restriction** is based upon an apprehension in which a Blood Alcohol Content (BAC) test was administered, and the BAC level meets or exceeds the federally mandated level of 0.08%, the **restriction** shall continue for 1 year, irrespective of the ultimate disposition of the underlying charges, unless the disposition of the charges is based upon the invalidity of the BAC test.
2. **Commands shall restrict a member's driving privileges aboard Coast Guard installations for a period of 1 (one) year** after any of the following:
 - a. A refusal to submit to a lawfully requested BAC test, irrespective of the ultimate disposition of the underlying intoxicated driving offense. Coast Guard officials (OODs, security personnel, etc.), when requesting a BAC test, should advise the driver that failure to submit to the test will result in an automatic 1-year **restriction** of driving privileges aboard the installation.
 - b. A civil or military conviction, nonjudicial punishment, or civil revocation or suspension of driving privileges for DUI. In cases where the Commanding Officer has imposed a preliminary suspension based upon apprehension for DUI, the date that the preliminary **restriction** was imposed should be used to calculate the termination of the final suspension; or
 - c. An apprehension based upon a BAC test whose level meets or exceeds 0.08%, irrespective of the ultimate disposition of the underlying charges, unless the disposition of the charges is based upon the invalidity of the BAC test.
3. **Except as required per paragraph 7 below, the restriction shall involve total suspension of driving privileges.**
4. Notification of **restrictions** shall be made in writing and acknowledged in writing by the person whose driving privileges have been **restricted**. A copy of the notification and acknowledgement shall be placed in the Personnel Data Record (PDR) and a copy mailed to Commandant (CGPC-epm-2/CGPC-opm-2) for inclusion in the member's Headquarters PDR. In situations where the facts of the case warrant it (such as previous incidents of DUI or violation of a **restriction** of driving privileges), Commanding Officers shall **restrict** driving privileges for 2 years.
5. **Restrictions** shall apply only to the offender. Family members and others who are non-offenders are still permitted to operate vehicles on the installation. Normally, vehicle registration decals should not be removed.
6. When **restrictions** are imposed, the name of the individual, the period of suspension, and a description of vehicles owned, including vehicle registration decal numbers, shall be furnished to all other Armed Forces facilities in the local area. When a Coast Guard member is transferred to a new duty station, the Commanding Officer shall notify the new Commanding Officer of the **restriction**. The new Commanding Officer will continue any remaining portion of the **restriction** and so notify other Armed Forces facilities in the new local area.

7. In situations where **total** suspension of driving privileges would significantly hamper mission performance or cause unusual personal or family hardship **or safety concerns**, the Commanding Officer may grant restricted driving privileges. When these restricted driving privileges are granted, they shall be clearly specified in writing and acknowledged by the person being granted the privileges. This does not authorize a person to drive on a Coast Guard installation if the person's driver's license is under suspension or revocation by a local, State, Federal, or host country civil court or administrative agency.
8. A person whose driving privileges have been **restricted** may appeal the **restriction** in writing, via the chain of command, to the commander of the appropriate district or maintenance and logistics command. **Restrictions** initiated at Headquarters units may be appealed to Commandant (G-WP).

20.A.4.e. Administrative and Disciplinary Actions

1. Commanding Officers are responsible for conducting adequate inquiries into incidents of alleged DUI, and for taking remedial action, if necessary, in accordance with this article.
2. Those personnel who are convicted in the civilian or military courts, receive non-judicial punishment, or have a civil revocation/suspension of driving privileges for DUI or other offenses meeting the definition of an alcohol incident, shall be referred for medical screening per ✖ 20.B.
3. Reports and documentation required when Coast Guard military personnel are involved with a DUI.
 - a. Report of Civil Arrest: A report of civil arrest and subsequent civil action is required for all military members in accordance with ✖ Chapter 8.
 - b. Notification of **Restriction**: A notification of **restriction** must be made and acknowledged in writing whenever a person's driving privileges are **restricted**. This notification must meet the requirements in ✖ Article 20.A.4.d.4.
 - c. Performance Evaluations:
 - (1) Enlisted Members: A special Enlisted Performance Evaluation to reflect a civil conviction, a military conviction, or the award of non-judicial punishment for occurrences of DUI is required by ✖ Section 10.B. Alcohol incidents must also be documented in the member's PDR per ✖ Article 20.B.2.
 - (2) Officers: Officer Evaluation Reports should reflect occurrences of DUI (✖ Chapter 10). Alcohol incidents involving officers shall be documented by letter with a copy to Commandant (CGPC-opm).

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20.B. Alcohol Abuse Prevention Program

20.B.1. Responsibility

20.B.1.a. General

All officers and senior enlisted members will promote responsible attitudes toward the use of alcoholic beverages, both on and off Coast Guard units. ✖ Coast Guard Regulations Manual, COMDTINST M5000.3 (series), Article 9-2-14, regulates the introduction, possession, sale, or use of alcoholic beverages on board Coast Guard units, vessels, aircraft, and government vehicles assigned to the Coast Guard.

20.B.1.b. Commanding Officers

Commanding officers shall initiate appropriate administrative action as outlined in ✖ Article 20.B.2. Obtain advice in processing administrative actions for alcohol abuse from Commander (CGPC-opm) or (CGPC-epm), as appropriate.

20.B.1.c. Treatment

Commandant (G-WKH-1) governs alcohol abuse and dependency treatment, training for persons assigned to the alcohol program (CDARs, DARs, DACs, and program administrators), and providing general awareness education. ✖ **Health Promotions Manual, COMDTINST M6200.1 (series), for guidance.**

20.B.1.d. Driving Under the Influence of Intoxicants

Driving privileges on Coast Guard installations are subject to **restriction** when a member is charged with or convicted of driving under the influence of intoxicants (DUI). **Refer to ✖ Article 20.A.4. for guidance.**

20.B.2. Guidelines on Alcohol Abuse

20.B.2.a. Occurrences before 18 January 1983

Intemperate use of alcohol can result in disciplinary action and administrative separation from the Coast Guard. Disregard all alcohol-related incidents and situations or aftercare failures occurring before 18 January 1983 for the purposes of administrative action. Members diagnosed as alcohol-dependent will always be considered alcohol dependent and shall abstain from alcohol consumption indefinitely.

20.B.2.b. Alcohol Incident

The definition of an alcohol incident (✖ Article 20.A.2.d.) gives commands broad latitude in curbing intemperate alcohol use. A key fact to keep in mind is that **the member must actually consume alcohol for an alcohol incident to have occurred.**

20.B.2.c. Self-Referral to Alcohol Treatment

Self-referral to alcohol treatment, by itself, is not considered an alcohol incident. **The documentation of screening and treatment of members who self-refer shall be handled in accordance with the provisions of ✖ Article 20.B.2.e.**

20.B.2.d. Alcohol-Related Situations

An alcohol-related situation is defined as any situation in which alcohol was involved or present but was not considered a causative factor for a member's undesirable behavior or performance. A member does not have to consume alcohol to meet this criterion, e.g., purchasing alcohol for minors. Commands shall not use the term "alcohol related situations" when a member's behavior clearly meets the criteria of an "alcohol incident." Members involved in alcohol related situations shall be counseled on their use of alcohol and informed of the conduct expected of Coast Guard members. Commanding officers are strongly encouraged to consider whether screening and/or alcohol awareness training such as IMPACT is appropriate. Commanding officers shall document such occurrences with an appropriate Administrative Remarks (CG-3307) entry in the member's Personnel Data Record (PDR). Documentation of alcohol related situations provides commands with significant background information for determining whether any administrative or medical action is necessary.

20.B.2.e. Alcohol Screening

1. Any member who has been involved in an alcohol incident or otherwise shown signs of alcohol abuse shall be screened in accordance with the **procedures outlined in the ✖ Health Promotions Manual, COMDTINST M6200.1 (series), Ch 2.** The results of this alcohol screening shall be recorded and acknowledged on a CG-3307 entry or letter, as appropriate, in the member's PDR with a copy to Commander (CGPC-epm) or (CGPC-opm), as appropriate, and (CGPC-adm-3). The entry shall describe the facts of the incident or risk factors, the results of alcohol screening, the position and organization of the individual conducting the screening, and a statement of the treatment recommended, if any.
2. **Members who self-refer for alcohol abuse. Unless there is an associated alcohol incident, the member may request removal of the screening letter and treatment plan from his or her Personnel Data Record after successfully completing the prescribed aftercare. A permanent record of the screening and treatment will be kept only in the member's Health Record in accordance with the ✖ Health Promotions Manual, COMDTINST M6200.1 (series).**

20.B.2.f. Members E-2 and Below With More Than Two Years Of Coast Guard Service

Following one alcohol incident, enlisted members who have not advanced beyond pay grade E-2 and have more than two years of Coast Guard service shall normally be separated by reason of unsuitability due to alcohol abuse under ✖ Article 12.B.16. In cases in which the commanding officer believes an exceptional situation warrants consideration for retention, **the commanding officer shall** send a letter requesting retention and treatment (when recommended), including the screening results, treatment plan, and commanding

officer's recommendation concerning treatment via the chain of command to Commander (CGPC-epm) who shall consult with Commandant (G-WKH) and direct the appropriate action regarding retention. The command recommendation will be submitted as a cover letter to the required discharge package described in ✖ Article 12.B.16.j. If Commander (CGPC-epm) directs retention, commanding officers will ensure that the following counseling is conducted and that it is recorded and acknowledged by a CG-3307 entry in the member's PDR.

1. The member shall be counseled on Coast Guard policy on alcohol abuse contained in this article.
2. The member shall be advised that another alcohol incident, at any future time in the member's career, will normally result in discharge.

20.B.2.g. First Alcohol Incident

The first time a member is involved in an alcohol incident, except those described in Article 20.B.2.f., the commanding officer shall ensure this counseling is conducted; for enlisted members recorded on a CG-3307 entry in the member's PDR; acknowledged by the member; and a copy sent to Commander (CGPC-epm) and (CGPC-adm-3). For officers the record of counseling shall be by letter with copy to Commander (CGPC-opm) and (CGPC-adm-3). This entry is in addition to that required by ✖ Article 20.B.2.e.

1. The member shall be counseled on Coast Guard policy on alcohol abuse contained in this article.
2. Officers and chief warrant officers shall be advised that an additional alcohol incident will result in their being processed for separation under ✖ Chapter 12.A of this manual. Enlisted members will be advised an additional incident normally will result in discharge **and**, a statement shall be made that the member has been involved in his or her first alcohol incident and a subsequent incident normally will result in separation action.
3. **If the incident involves underage consumption, the CG-3307 shall also state the circumstances of the incident and whether the consumption affected the member's ability to perform assigned duties or brought discredit upon the Uniformed Services (See ✖ Article 20.B.2.j.).**

20.B.2.h. Second Alcohol Incident

1. Officers will be processed for separation following a second alcohol incident.
 - a. Regular commissioned officers shall be processed in accordance with ✖ Articles **12.A.11., 12.A.12., or 12.A.15., depending upon length of commissioned service.**
 - b. Reserve officers on extended active duty shall be processed in accordance with ✖ Article 12.A.9. Reserve officers on SADT, TEMAC, and IADT shall be processed by Commandant (G-WTR) in accordance with ✖ Article 12.A.9, pursuant to the **Reserve Policy Manual, COMDTINST M1001.28 (series).**
 - c. Chief warrant officers shall be processed in accordance with ✖ Article 12.A.21.

2. Enlisted members involved in a second alcohol incident will normally be processed for separation in accordance with ✖ Article 12.B.16.
 - a. **Commanding Officers retain the authority to request retention of those enlisted members who they believe warrant such exception. However, retention of enlisted members following a second alcohol incident should not be considered a routine action.** In those cases when a commanding officer feels that **mitigating circumstances** or an exceptional situation warrants consideration for retention, a letter request for retention and treatment, including the medical screening results, treatment plan, and commanding officer's recommendation concerning treatment shall be forwarded via the chain of command to Commander (CGPC-epm) who shall consult with Commandant (G-WKH) and direct the appropriate action regarding retention. The command recommendation for retention will be submitted as a cover letter to the required discharge package.
 - b. For those enlisted members entitled to an Administrative Discharge Board (ADB), a discharge package **including** everything short of convening a Board, **shall be forwarded to Commander (CGPC-epm). If Commander (CGPC-epm) concurs with proceeding with the Command's decisions, the package is returned to the Command and an ADB is convened unless the member declines.** If retained, the member will again be counseled and the counseling will be documented as in ✖ Article 20.B.2.g., except that the member will be advised that another alcohol incident will result in discharge. (**✖ Administrative Separation Board Manual, COMDTINST M1910.2 (series)**)
 - c. Only after **serious consideration**, will enlisted members described in ✖ Article 20.B.2.f., be retained beyond a second alcohol incident. These members have already received one exceptional retention and have belied the faith placed in them.

20.B.2.i. Third Alcohol Incident

Enlisted members involved in a third alcohol incident shall be processed for separation from the Service **under ✖ Article 12.B.16. Cases requiring Administrative Discharge Boards because of the character of discharge contemplated or because the member has served eight or more years, will be processed under ✖ Articles 12.B.31. and 12.B.32.**

20.B.2.j. Underage Consumption of Alcohol

1. Underage drinking is considered an alcohol incident. Should an incident occur, the CDAR shall counsel the member **and initiate an alcohol screening as detailed in the ✖ Health Promotions Manual, COMDTINST M6200.1 (series). If this is not the member's first incident**, discharge proceedings shall commence as described in ✖ Article 20.B.2.g. **and 20.B.2.h.**
2. **A member who receives an alcohol incident solely for underage drinking and did not use or abuse alcohol to such an extent that he or she was unable to perform prescribed duties or brought discredit upon the Uniformed Services may, after 3 years, predicated on positive performance, request via the chain of**

command that Commander (CGPC) remove the alcohol incident from his or her record. Removal requires that the member has had no further alcohol incidents in that 3-year period.

20.B.2.k. Unsuccessful Treatment

1. Members refusing to undergo the treatment the commanding officer and competent medical authority deem necessary, failing to complete this treatment, or violating an alcohol rehabilitation aftercare plan normally are processed for separation.
2. **Members that self refer for an alcohol screening that are identified as alcohol dependent, as defined in the Diagnostic and Statistical Manual of Mental Disorders ((303.9) DSM IV), must attend and successfully complete an appropriate treatment program for chemical dependency. Because self-referred members are not identified as the result of an alcohol incident they are granted consideration for self-referring should a relapse occur during the aftercare phase of their treatment plan. The relapse will be documented as their first alcohol incident and a new aftercare program will be reinstated effective the date the relapse was identified. Should the self-referred member fail to complete the second aftercare plan they will be processed for separation per ✖ Chapter 12.**
3. In cases whose circumstances warrant consideration for retention, the member's commanding officer will so request by letter to Commander (CGPC-epm-1) or (CGPC-opm-1), **detailing the circumstances of the treatment failure and include supporting documentation provided by competent medical authority (Qualified physician or psychologist as outlined in the ✖ Health Promotions Manual, COMDTINST M6200.1 (series)).** This letter will be submitted as a cover letter to the required discharge package. Commandant (G-WKH) will make a retention recommendation to Commander (CGPC-epm-1) or (CGPC-opm-1) based on **Commandant (G-WKH)'s assessment of the member's potential for recovery.**

20.B.2.l. Alcohol-Dependent Members

Members diagnosed as alcohol-dependent must abstain from alcohol use to maintain sobriety. When commanding officers become aware that a recovering alcohol-dependent member, after successful completion of an aftercare program, is again consuming alcohol, he or she will refer the member for alcohol screening to include consultation with a medical officer. An aftercare plan will be reinstituted in accordance with the **✖ Health Promotions Manual, COMDTINST M6200.1 (series).** This counseling, referral, aftercare program, and other pertinent information shall be recorded and acknowledged on a CG-3307 entry in the member's PDR for enlisted members or a letter for officers. The commanding officer, after reviewing the information pertinent to the case, will recommend separation, retention, or further **treatment** to Commander (CGPC-opm) or (CGPC-epm). A second episode (**an occurrence of alcohol consumption without an associated incident**) after completing any aftercare program by members who have been diagnosed as alcohol-dependent will result in separation from the Coast Guard.

20.B.2.m. VA Treatment Eligibility

Commanding officers shall ensure that members diagnosed as chemically dependent by competent medical authority are offered rehabilitation treatment before discharge if they are amenable to the treatment. **Members that decline rehabilitation treatment**, shall sign a CG-3307 entry indicating they waive their right to benefits under the Department of Veterans Affairs program for treatment of chemical dependency.

20.B.2.n. Preexisting Condition

Under the ✕ Medical Manual, COMDTINST M6000.1 (series), Section 3-D, members diagnosed with alcohol abuse or alcohol dependence within six months of enlistment are not physically qualified for enlistment. If appropriate, unit commanders shall recommend discharge under ✕ Article 12.B.16. **The Coast Guard is not obligated to offer treatment prior to separation to individuals' diagnosed with conditions that existed prior to enlistment (EPTE). Commands' should not offer treatment to members with conditions that EPTE if said treatment will delay separation beyond 180 days of active Coast Guard service.**

20.B.3. Treatment

20.B.3.a. Authority

Identifying alcohol abuse and responding to conduct or performance problems related to alcohol use are the command's responsibility. Final retention or separation authority rests with Commander (CGPC-epm-1) or (CGPC-opm-1) or Commander (CGPC) for those members with eight or more years service and subject to an Administrative Discharge Board. Treatment of alcohol abuse or dependency is a medical responsibility. Final treatment authority rests with Commandant (G-WKH). **However, this does not override Commander (CGPC) authority to separate members from the Service.**

20.B.3.b. Action

Commanding officers shall seek appropriate treatment for members who have abused alcohol or been diagnosed as alcohol dependent.

1. Officer candidates selected from a civilian source and enlisted recruits, including prior service entrants, who have less than 180 days active Coast Guard service and who are diagnosed by qualified personnel as alcohol dependent or alcohol abusers (DSM-IV Code 303.9 or 305.0) will be administratively separated from the Service by reason of Convenience of the Government. Cadets will be processed in accordance with guidance promulgated by the Superintendent, Coast Guard Academy. In all other situations, personnel in a training status will be handled in accordance with the other provisions of this article.
2. Members shall be treated for alcohol abuse or dependency as prescribed by competent medical authority. **Members with diagnosis other than alcohol dependent shall not have** their scheduled separation or release to inactive duty delayed for the sole purpose of completing alcohol treatment. Members attending **an inpatient or outpatient**

program for chemical dependency will be allowed, with their consent, to complete that phase of the treatment and then be separated or released.

20.B.3.c. Treatment Request

Commanding officers shall request alcohol rehabilitation treatment in accordance with the ✖ **Health Promotions Manual, COMDTINST M6200.1 (series)**.

20.B.3.d. Advising a Member

The commanding officer shall give members this written advice before treatment:

1. The Coast Guard expects every member to maintain satisfactory conduct and performance.
2. Successfully completing a treatment program after one alcohol incident will allow the member to continue a career in the Coast Guard. Members refusing to undergo treatment, failing to complete treatment, or violating an alcohol rehabilitation aftercare plan normally will be separated from the Coast Guard.
3. Members returning from rehabilitative alcohol treatment are expected to undergo periodic evaluations in accordance with the ✖ **Health Promotions Manual, COMDTINST M6200.1 (series)**.
4. Ordinarily, members return to their assigned duty station on completing in-patient treatment.

20.B.3.e. Reassignment Limitations

Members receiving in-patient alcohol treatment normally will not be assigned to restricted duty and many other overseas assignment areas until the entire treatment period, in-patient phase and aftercare phase, is completed. Members who have received alcohol treatment must have a medical evaluation before such assignment to ensure that treatment has been adequate. Members who receive treatment while permanently assigned to restricted duty billets and many other overseas assignment areas should be evaluated to determine whether early transfer is appropriate.

20.B.3.f. Pending Disciplinary Action

Commanding officers shall ensure that all UCMJ disciplinary action has been completed before the member enters in-patient treatment.

20.B.3.g. Security Clearances

Following an alcohol incident, commanding officers shall review the member's security clearance and access to classified material **to determine whether the member's clearance should be suspended.** Commanding officers shall also

ensure notifications required by the ✖ Coast Guard Military Personnel Security Program, COMDTINST M5500.12 (series), are made.

20.B.3.h. Required Personnel Data Record (PDR) Entries

When a member completes rehabilitative alcohol treatment, his or her commanding officer shall ensure that a record of the completion is recorded and acknowledged on a CG-3307 entry in the enlisted member's PDR with a copy to Commander (CGPC-epm) and (CGPC-adm-3), or by a letter to the officer involved with a copy to Commander (CGPC-opm) and (CGPC-adm-3). This record of completion will also include a description of the aftercare plan required by the **✖ Health Promotions Manual, COMDTINST M6200.1 (series)**. For cases in which members self-refer for treatment, refer to **✖ Article 20.B.2.e. concerning documentation procedures**.

20.B.3.i. Members Awaiting Treatment

While awaiting the commencement of the recommended level of treatment, the member shall participate in an appropriate form of pre-treatment available locally. For example, a member awaiting in-patient treatment not scheduled to start for several weeks shall participate in awareness training or out-patient treatment, if available. These individuals shall meet regularly with the CDAR and attend an appropriate 12-step support group while awaiting the start of the recommended level of treatment. **✖ Health Promotions Manual, COMDTINST M6200.1 (series)**.

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20.C. Substance Abuse Prevention Program

20.C.1. Responsibility

20.C.1.a. General

Intentional use of illegal drugs **including ingestion of hemp oil or products made with hemp oil** is misconduct that will not be tolerated in the Coast Guard. Coast Guard members are expected not only to comply with the law and not use illegal drugs, but also, as members of a law enforcement agency, to maintain a life-style which neither condones **substance** abuse by others nor exposes the service member to accidental intake of illegal drugs. **Units shall conduct random urinalysis tests throughout the fiscal year on a consistent basis.** (See ✕ Article 20.A.2.k. for definition of a drug incident.)

20.C.1.b. Commandant

Chief, Policy and Standards Division, Commandant (G-WPM-1) is responsible for administering and monitoring the Coast Guard Military Drug Testing Program. Units should first contact their major command urinalysis coordinators for information before contacting Commandant (G-WPM-1).

20.C.1.c. Major Commands

Every Coast Guard unit is under the cognizance of one of the major commands listed in ✕ Exhibit 20.C.1 for purposes of yearly allocations, supplies, and program administration. Units that fall under these commands must use their major command's Base Area Code (BAC). Questions concerning which major command is in charge of any particular unit may be directed to Commandant (G-WPM-1).

20.C.1.d. Commanding Officers

Commanding officers are responsible for ensuring their unit's compliance with the Coast Guard's Drug Abuse Program. Commanding officers shall investigate all incidents or circumstances in which the use or possession of drugs appears to be a factor, and take appropriate administrative and disciplinary action.

20.C.1.e. Urinalysis Coordinators and Observers

1. Urinalysis coordinators and observers shall be designated in writing by the commanding officer in their command administration list. The coordinator shall be responsible for maintenance and administration of the command urinalysis program including the training of alternate coordinators and observers and the shipment of uncompromised specimens to the assigned testing laboratory. Urinalysis coordinators shall supervise all specimen collections and make all urinalysis ledger entries.

2. **Commands are encouraged to use an alternate coordinator to assist in urinalysis procedures. An alternate provides additional confirmation that proper procedures are followed, which is critical in a court-martial or administrative proceeding. Although there is no limit on the number of alternate coordinators, commands shall use discretion in appointing them. Normally, only one alternate coordinator should have access to the urinalysis ledger and specimen collection materials.**
3. **Under no circumstances shall the command urinalysis coordinators and observers provide their own samples for inclusion in the same batch when conducting urinalysis. If the command requires the coordinators and observers to be tested (.e.g, unit sweep), an alternate coordinator or coordinator from another command shall be used. Limit access to the urinalysis ledger and specimen collection materials to the commanding officer, executive officer, primary urinalysis coordinator, and alternate urinalysis coordinator(s) when such access is necessary.**
4. **Observers shall be of the same gender as the members providing specimens. Using senior personnel as observer avoids intimidation, adds credibility, and shows leadership support for drug testing program. Also, observers may be required to testify at an administrative hearing or at a court-martial. This is often too much of a responsibility to place on junior enlisted members.**
5. **Do not send letters of designation for coordinators and observers to Commandant (G-WPM-1).**

20.C.1.f. Advice

Commander (CGPC-epm-1) or (CGPC-opm-1) can provide advice in processing administrative actions regarding drug abuse cases. Questions concerning interpretation of test results should be referred to the screening laboratory.

20.C.2. Urinalysis

20.C.2.a. General

Urinalysis is a means to deter and detect drug abuse and may be conducted under the following circumstances. Refer to the ✖ Military Rules of Evidence, Part III, of the Manual for Courts- Martial (series).

1. Administrative Inspections. The primary purposes of administrative inspections are to determine and maintain the unit's security, military fitness, and good order and discipline. Inspections using urinalysis are permitted under Military Rule of Evidence 313. The consent of the member is not required to collect a specimen under an administrative inspection. The scope of the inspection may include all personnel of the unit or only a part of the unit; e.g., a duty section, a division, the occupants of a building, etc., provided that part of the unit includes enough members so the inspection could not be viewed as focusing on a particular individual or small group of individuals. Reservists serving on ADSW-AC or ADSW-RC at an active service

unit are subject to the same random selection for administrative inspections as their active service counterparts. Selecting individuals for an administrative inspection is not permissible unless they are selected by a truly random selection system. An administrative inspection shall not be a subterfuge for conducting a search with less than probable cause.

2. Consent. Urinalysis may be conducted at any time and for any reason if the member voluntarily consents to the procedure. Obtain such consent in writing. Prior to requesting consent, the member should be advised that he or she may decline to provide a specimen. ✖ Military Rule of Evidence 314(e).
3. Probable Cause. A member may be ordered to submit a urine specimen if there is probable cause to believe the member has used an illegal drug recently and a urinalysis test will produce evidence of such offense. A search authorization must first be obtained pursuant to Military Rules of Evidence 312, 315, and 316. ✖ **Section 7.C.**, Military Justice Manual, COMDTINST M5810.1 (series).
4. Valid Medical Purpose. Urinalysis may be directed by qualified medical personnel for diagnostic or treatment purposes to preserve a member's health. ✖ Military Rule of Evidence 312(f). Follow-up tests to confirm a diagnosis or to monitor a condition are included in this category. Urinalysis directed by a commanding officer does not fall within this subsection.
5. Evaluation Testing. Evaluation testing may be conducted when a member's urine specimen is reported as confirmed positive for the presence of drugs, but the commanding officer, having evaluated all the available information, remains doubtful whether the member has used drugs wrongfully. The commanding officer may order evaluation testing to be conducted for a period of two to six months' duration within which no more than 16 specimens may be taken; e.g., two specimens per week for eight weeks; one specimen per week for 16 weeks; or up to 16 total specimens collected over a six-month period at irregular intervals. When a commanding officer orders evaluation testing, the original positive urinalysis result may still be used as a basis for disciplinary action under the UCMJ, administrative separation, and characterization of discharge depending on the basis for ordering the original test; e.g., probable cause, administrative inspection, consent or competence-for-duty test (✖ **Article 20.C.2.a.8.**). The results of the evaluation testing may be used as a basis for administrative separation. Positive test results from evaluation testing may not be used for disciplinary action under the UCMJ, nor may such results be used to characterize a discharge in separation proceedings. However, while undergoing evaluation testing, members remain subject to command-ordered testing conducted on other lawful grounds, such as administrative inspections. Depending on the basis for such other testing, the positive results from that testing may be used for any purpose, including disciplinary action under the UCMJ, administrative separation, and characterization of discharge in administrative separation proceedings.

6. Urinalysis Conducted in Conjunction with Training. Personnel undergoing training are subject to administrative inspections using urinalysis. Therefore, all personnel will be subject to random testing throughout their assignment at a Coast Guard training command. In addition, training commands will conduct accession testing as follows:
 - a. Cadets, Officer Candidates, and Direct Commission Officers. Cadets, Officer candidates and direct commission officers will be tested within three days after reporting to the Coast Guard Academy.
 - b. Recruits. Recruits will be tested within three days after reporting to Training Center Cape May, NJ.
 - c. School students are subject to random testing at the training command in the same manner as permanent members. The average number of students estimated on board will be used in computing annual testing allocations. "C" School students will not be computed in this total, **but remain subject to random testing.**
7. Urinalysis of Prior Service Members Upon Return to Active Duty. All personnel who report to active duty, either active duty or selected reserve, and who have a break in service of more than six months will be tested within three days of arrival at their first duty station. For those personnel with a break in service of six months or less, testing upon arrival at their first duty station shall be at the discretion of the unit's commanding officer.
8. Competence-for-Duty Tests. The purpose for this test is to determine whether a member is fit for duty. A commanding officer should order a urinalysis test of a specific member when the member has been involved in a mishap or when there is reasonable suspicion (see below) of drug abuse and a urinalysis test has not been conducted on a consensual or probable cause basis. Competence-for-duty urinalysis tests shall be ordered by a member's commanding officer. The authority to order a competence-for-duty urinalysis test may be delegated to an executive officer or command duty officer. Results obtained from competence-for-duty urinalysis testing may be used to refer a member for administrative discharge action. However, results may not be used against the member in any disciplinary action under the UCMJ, nor may they be used on the issue of characterization of discharge in separation proceedings. Subject to the Military Rules of Evidence, results may be used for impeachment or rebuttal in any court-martial proceeding.
 - a. After Mishaps. Urine specimens, along with blood or breath specimens or both, will be collected from all personnel involved in a mishap in accordance with the ✖ Safety and Environmental Health Manual, COMDTINST M5100.47 (series). Results from after-mishap testing may be used in administrative separation proceedings after Commandant (G-WK) and (G-L) approval in accordance with the COMDTINST M5100.47 (series). A mishap, as defined in COMDTINST M5100.47 (series), is any unplanned, unexpected or undesirable event causing injury, occupational illness, death, or material loss or damage. These urine and blood specimens will normally be tested by the Armed Forces Institute of Pathology.

- b. Reasonable Suspicion. Reasonable suspicion is a less demanding standard than probable cause and is defined as something more than a vague suspicion or hunch. Reasonable suspicion requires a minimal level of justification and can arise from information less reliable than that required to show probable cause. Commanding officers should evaluate the totality of the circumstances in determining whether reasonable suspicion exists to believe a member may have used drugs. Unusual behavior or conduct that a commanding officer should consider may include, for example, unauthorized absences, violations of safety requirements, disobedience of direct orders, apprehension or investigation for drug offenses or intoxicated driving, involvement in crimes of violence, reckless operation of equipment, involvement in a serious incident or accident in which unusually careless acts were performed, or other incidents involving serious breaches of discipline. While an instance of unusual behavior or conduct alone is not necessarily sufficient by itself to constitute reasonable suspicion, such behavior or conduct should be considered within the totality of the circumstances.

20.C.2.b. Random Testing and Suggested Procedures

Random testing is a method of statistical specimen selection in which all possible specimens have equal probability of selection. The purpose of random selection is to provide all members the same probability of participation in the drug testing program. Thus, the following suggested means of developing a random selection are recommended. This is not an all-inclusive list and commands may use other methods if they offer the same degree of randomness. Whatever method is selected, it should be used consistently, not shifting from method to method over the year.

1. Computer generated selection: Program the standard workstation to draw, through a random number generation program, the desired number of tests from a listing of all members of the command. The use of DoD Drug Testing Program (DTP) software is authorized and is highly recommended. This software enable the commands to randomly select personnel with features such as importing of service members' data from a database, printing generated bar coded Specimen Custody Document (DD 2624), printing generated bar coded bottle labels, printing of unit ledger and printing mailing labels. It also has a personnel tracking system which permits identification of who shows up for testing, subsequently test random testing no-shows, and recording of laboratory results thereby increasing the efficiency and effectiveness of command urinalysis program. The DoD Drug Testing Program software can be downloaded from <http://www.ftdtl.amedd.army.mil/dtphome>.
2. Number from a jar: Put pieces of paper numbered zero to nine in a jar. Test the members whose social security number ends with the number that is picked.
3. Selection by organizational level within an OPFAC unit: Select a division, branch, or department from an OPFAC unit, using a computer generated or jar selection method. The entire division, branch or department selected must be tested, from most senior to most junior person.

20.C.2.c. Collecting Urine Specimens

Proper collection of urine sample is the key to a successful urinalysis program. Poor collection procedures, such as samples provided without direct observation or a break in the chain of custody of the samples, can result in dismissed court-martial proceedings. The following procedures must be followed:

1. Have the member report to the coordinator with his/her ID card on hand. If the member does not have his/her military ID card, a current driver's license or other picture ID may be used.
2. The coordinator initiates the Unit Urinalysis Ledger and will record the member's name, rank, test basis, social security number and enters the document/batch and specimen number.
3. Advise the member to note all prescription and over-the-counter drugs they are currently taking. They may refer to dated entries in official health records if the information is recorded. Members also should provide the local health facility that maintains their health record with copies of any prescriptions they receive from another clinic. If the member is taking or has taken any prescription drugs in the last two weeks or has had a dental procedures within the past 72 hours, the coordinator will record in the remarks block of the ledger.
4. The coordinator will initiate the bottle label. Record the date and the member's social security number on the bottle label.
5. The member will verify to the coordinator that the information on the ledger and bottle label is correct.
6. The member will sign the ledger and initial the bottle label documenting his/her name, social security number, batch/document number, rank, and date are correct on the ledger and his/her social security number and date are correct on the label. This will be accomplished prior to the label being affixed to the specimen bottle.
7. The coordinator will remove an empty bottle from the box in front of the member. The coordinator will remove the cap, verify with member and observer that the bottle is clean and that there is no foreign matter in the bottle, and recap the bottle in full view of the member and observer.
8. The coordinator will place the member's ID card in the same slot from which the bottle was removed in step 7.
9. The coordinator then will attach the label to the specimen bottle in full view of the member and observer.

10. The coordinator will give the specimen bottle to the member in the presence of the observer.
11. The observer ensures that he/she has full view of the specimen bottle at all times. The member will maintain custody of the specimen bottle from the time the coordinator gives him/her the bottle until it is filled and capped. If the custody is broken, the member/observer will inform the coordinator and the process will be terminated. The coordinator will void the specimen and destroy the specimen bottle. The member will begin the process again.
12. The observer shall escort the member from the coordinator's table to the head or collection point. Male observers should ensure that male members use only the urinal, and female observers should ensure that the stall door is kept open for female members. The observer must stand in a position to clearly view the urine actually entering the sample bottle. If wide-mouth containers are used for females, the observer shall view the individual pouring the sample from the wide-mouth container into the urine specimen bottle. The individual must provide at least 30 milliliters (just over quarter of a bottle) of urine and then cap the bottle.
 - a. If a member claims to be unable to submit a specimen, or submits less than the 30 milliliter minimum, it is permissible to require the member to remain in a controlled area under observation and drink fluids normally consumed during daily activity (e.g. coffee, water, soda) until the member produces a specimen or the balance of an incomplete specimen. The unit coordinator will maintain custody of any incomplete specimen until the member can provide the balance of the specimen in the same bottle. If an incomplete sample is left unattended, discard it; the member must provide a new sample. A member will not be released from duty until a specimen has been properly provided or as directed by the command authority.
 - b. If a member refuses to provide a specimen, notify the appropriate command authority. The member's chain of command should direct the member to provide a specimen. If the member then refuses, it will be a violation of a direct order. Violation of a lawful order is subject to disciplinary action under the Uniformed Code of Military Justice. Possible actions include court martial proceedings and processing for separation.
13. The observer shall then accompany the member back to the coordinator's table. Members delivering specimens to coordinators will not be expected to stand in line with urine specimens in public view (in view of personnel other than the observer and coordinator). Members' personal privacy will be maintained to the maximum extent practical.

14. The observer shall not handle the urine specimen bottle unless he or she is also the unit coordinator. This procedure is not recommended unless the unit coordinator maintains positive custody of all specimens while observing (e.g., small unit). The observer will sign the urinalysis ledger, certifying that the urine specimen bottle contains urine provided by the member and was not contaminated or altered in any way.
15. The coordinator shall receive the urine specimen bottle from the member and ensure that it contains a minimum volume of 30 milliliters and is not reopened. The urine specimen bottle holds a maximum of 100 milliliters. Submitting less than the minimum quantity may result in the inability to confirm the preliminary test or preclude retesting.
16. The coordinator will initial the urine specimen bottle label in the member's presence and transcribe the information to DD Form 2624, Urine Specimen Custody Document (USCD). ✖ Exhibit 20.C.3 is an example of a completed USCD. Coordinators may prepare USCD forms and bottle labels in advance; if so, they must verify that the information on the label and the USCD match. Using word processing equipment with the merge feature is encouraged to reduce the possibility of incorrect transcription of numbers. On collecting all specimens, the coordinator shall sign and date block 12(b) of the USCD(s).
17. Tamper-resistant tape is required on all specimens collected. Any substitute tape must be the same width and length as the stock tape. Apply the tape by fixing one end of it near the label; pull the tape directly across the widest part of the cap and down the opposite side of the urine specimen bottle. Either the coordinator or the member in the presence of the coordinator may seal the bottle.

20.C.2.d. Member Located at Other Than Coast Guard Commands

Coast Guard members assigned to a DoD command are subject to the urinalysis program of that Service. If a Coast Guard member's urine specimen is reported positive, **that DoD command should immediately notify the member's cognizant program manager who will, in turn, follow the procedures outlined in ✖ Articles 20.C.3. through 20.C.5.** The Coast Guard is responsible for investigation and determination of a drug incident, as well as any administrative or disciplinary action under the procedures outlined in ✖ Articles 20.C.3. through 20.C.5.

20.C.2.e. Preparation of DD Form 2624, Specimen Custody Document – Drug Testing

The original DD Form 2624 is the only document authorized for use in submission of urine specimens to the laboratory. This form must be completed with extreme care and accuracy. It is a single sheet two-sided document. Two sheets stapled together are not acceptable, and the specimen will not be tested. The most common errors that result in the sample being rejected for testing are: non-matching social security numbers, incomplete social security numbers, and improperly making corrections. **Do not slash zeros.** If some zeros are slashed and others are not, it may be taken as an error and/or an improper correction. The following steps will be followed in filling out the DD Form 2624:

COAST GUARD PERSONNEL MANUAL CHAPTER 20.C.

Block 1	Submitting Unit. Enter complete address of submitting unit.
Block 2	Additional Service Information. Enter the unit's major command (see Exhibit 20.C.5). Enter the unit urinalysis coordinator's name and phone number.
Block 3.	Base/Area Code (BAC). Enter unit BAC. Every Coast Guard unit is under the cognizance of a major command for purposes of yearly allocations, supplies and urinalysis program administration. Subordinate units shall use their major command's BAC.
Block 4.	Unit Identification Code. Enter a "T" then followed by unit identification code (Example: T 13420).
Block 5.	Document/Batch Number. Document/batch numbers are assigned locally. This can be any combination of letters and numbers desired by the unit to keep track of their batches.
Block 6.	Date specimen collected (Example: 2000 07 01). Ensure this matches the date on the label.
Block 7.	Specimen Number. Use the number pre-printed on the form. Do not change the number.
Block 8.	Complete SSN. Enter the complete social security number (SSN) of member providing the sample. The SSN must be legible and match the SSN on the bottle label and ledger. Do not overwrite digits. If a mistake is made, line through the mistake, make the correct entry, date, and initial.
Block 9.	Test Basis. Enter appropriate testing premise identifier (Example: IR, IU, PO, etc.) This information can be found in paragraph 20.C.2.h.1.f below.
Block 10.	Test information. Enter "A" for E-4 and below or "B" for E-5 and above.
Block 11.	Leave blank.
Block 12A	Enter date of sample collection.
Block 12B	Type or print the name of urinalysis coordinator and sign above it.
Block 12C	Indicate the mode of conveyance such as "U.S. Postal Service" or Federal Express."
Block 12D	Enter "Transport to TAMC FTDTL."

20.C.2.f. Preparation of Labels for Urine Specimen Bottles

1. Use only black ballpoint pens. Record this information on each gum label:
 - a. Date of collection.
 - b. Base Area Code/Unit Identification Code (i.e. CG01-75130).
 - c. Member's social security number.
 - d. Member's initials (submitter's full name is not permitted on the bottle).
 - e. Observer's initials.
 - f. Coordinator's initials.
2. Affix unit-generated gum labels (address type) directly to each urine specimen bottle. The label may be placed before the bottle is given to the member.

Date: _____	BAC/UIC: _____
Member's SSN: _____	Member's Initial _____
Observer's Initial _____	Coordinator's Initial _____

20.C.2.g. How to make Corrections.

1. Only the person making the error can make corrections on the DD Form 2624 or bottle label. Corrections will be made as follows:
 - a. Line (draw a single line) through the faulty information.
 - b. Write the correct information directly above the faulty information.
Do not write over any number or letter.
 - c. Place initials and date close to the line through.
2. If corrections cannot neatly be made on the DD Form 2624 or the label by the individual who made the error, a memorandum of correction should be used to correct and verify the process.
 - a. The memo shall note the faulty information as it now reads and the correct information as it should read.
 - b. The memo shall be signed and dated by the coordinator and verified by the commanding officer or his/her representative.
 - c. The memo will not be used to make corrections on the Unit Urinalysis Ledger.
 - d. The memo shall be sent with the sample to the testing facility.

20.C.2.h. Preparation of Urinalysis Ledger

1. Commands shall maintain a urinalysis ledger documenting all urine specimens collected. **Do not send a copy of the ledger to the laboratory.** Retain the ledger at the command for two years from the date of the last entry. Urinalysis ledgers are Privacy Act material; destroy them by burning, shredding, or pulverizing, as appropriate. ✖ Exhibit 20.C.3 provides a sample urinalysis ledger. The ledger shall contain this identifying information (do not use ditto (") marks):
 - a. Name of unit.
 - b. Name of urinalysis coordinator and phone number.
 - c. Date specimen collected.
 - d. Time specimen collected.
 - e. Batch number (a unit-derived, four-digit number assigned to each batch of 12 specimens or portion thereof).
 - f. Specimen number (same as Block 7 of DD Form 2624 unless the unit will submit more than 12 specimens; a unit predetermined, two-digit sequential number then may be assigned to each individual batch specimen).

- g. Testing premise identifier (TPI). The following testing premise codes are the only codes authorized to be used:

INSPECTIONS:	MEDICAL EXAMINATION:
IR – Random Samples	MO – Medical Examination
IU – Unit Sweep	SEARCH OR SEIZURE:
IO – Unit Inspection (general)	VO – Consent Testing
FITNESS FOR DUTY:	PO – Probable Cause
CO – Command Directed	OTHER:
AO – Mishap Investigation	NO - Entrance testing
RO – Rehabilitation	OO - Evaluation testing

- h. Member's social security number (use all digits).
- i. Tested member's signature and printed name.
- j. Remarks/Medications. Remarks, including any prescription or over-the-counter drugs the member presently takes. Reference to a dated entry in the member's medical record will suffice, if the information has been recorded.
- k. Signature and printed name of observer.
- l. Privacy Act statement, as included in the urinalysis ledger (✕ Exhibit 20.C.3).
- m. Upon a unit's permanent closure, urinalysis ledgers should be sent to the unit that has administrative control over the closed unit, for eventual destruction.

20.C.2.i. Sample Adulteration, Substitution, and Dilution

1. Drug abusers have a variety of methods for cheating on urinalysis. Most of these can be prevented or detected by direct observation, unannounced test times/dates, and use of senior personnel as coordinators and observers.
 - a. One method of cheating is adulteration; altering the specimen to mask the drug content. This has been tried by ingesting an acidic substance such as vinegar to increase the rate of excretion from the body. Sometimes substances such as commercial cleaners (ammonia and bleach) have been added to a sample. Direct observation by the observer can prevent adulteration attempts. Also, adulterated specimens should be detected by the coordinator either by the difference in color of the sample or by the sample's cooler temperature.
 - b. A second method of cheating is substitution. Drug abusers have attempted to substitute "clean" (drug-free) urine, "mellow yellow," orange soda, tea, apple juice, scotch, and jet fuel for their own urine. Direct observation will help prevent substitution attempts.

- c. A third method of cheating is dilution. Drug abusers may attempt to dilute a sample with water after the sample has been provided. Direct observation can prevent water dilution of a sample after it has been given. Close scrutiny shall be given to females who may be able to add water from the toilet bowl to the bottle. Coloring the toilet bowl water can deter this. Another form of dilution is for drug abusers to flush their systems by drinking large amounts of fluids and voiding several times before the test. This can be prevented by having personnel remain in a secure area until they provide their sample. Surprise announcement of the test just prior to beginning collections and requiring personnel to remain in a secure area until providing a sample can help prevent drug abusers from flushing their system.
2. If an observer suspects that a member tampered with his/her specimen at the collection site (i.e. the observer saw him/her put something in the specimen) then the observer must report it to the coordinator who will then secure the specimen and notify the commanding officer or appropriate chain of command. The commanding officer or designee will direct the member to provide another specimen under the "command directed (CO)" premise code. Both specimens will be sent to the screening laboratory for testing.
3. The drug screening laboratory usually is able to detect adulterated or substituted samples. The laboratory will notify the command when a sample is suspected to contain adulterants. If such is the case, the command may request that the laboratory send the specimen to another laboratory for further adulterant testing and the results be forwarded to the requesting command.
4. If a specimen is found to contain adulterants, both the member and his/her observer can be held accountable under the UCMJ (i.e. Article 90: Willfully disobeying a direct order; Article 107: Making a false official statement; and Article 134: False swearing by acknowledging the sample as only urine).
5. An adulterated, substituted, or diluted sample is a good indication that there is a problem in the collection process. When any of these occur, the commanding officer should look closely at the collection procedures employed by the coordinator.

20.C.2.j. Procedures for Steroid Testing

1. If a command has personnel that may be suspected of anabolic steroid use, the following actions should be taken:
 - a. Conduct a fitness for duty physical examination by a physician to include the possible use of anabolic steroids.
 - b. If the physical examination provides an opinion that use of anabolic steroids could exist, the command should then follow the procedures outlined in paragraph 2 through 4 below:

2. Require the individual to provide a urine sample of 30 ml or more. The preferred collection premise is a Consent evaluation (VO) but if, in the opinion of the command and the medical evaluation, there is probable cause to suspect anabolic steroid use, a Probable cause (PO) test may be conducted.
 - a. Collect the sample using the Specimen Custody Document DD Form 2624.
 - b. Contact the International Olympic Laboratory at University of California, Los Angeles, to obtain the current screening and confirmation costs. The UCLA contact information is:

University of California, Los Angeles Olympic Analytical Laboratory 2122 Granville Ave. Los Angeles, CA 90025	(310) 825-2635
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Do not send the urinalysis sample without obtaining pre-approval from the UCLA lab.

3. Have comptroller/supply cut a purchase order to pay the service cost. Contact UCLA again and provide the purchase order cost data.
4. **If the UCLA lab requirements are complete, send the sample via overnight delivery. Do not send by regular mail.** The cost of the anabolic steroid analysis is the responsibility of the submitting command and the terms of payment to UCLA should be addressed in a coordinating telephone call.

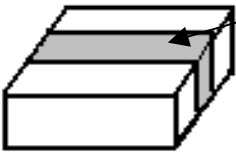
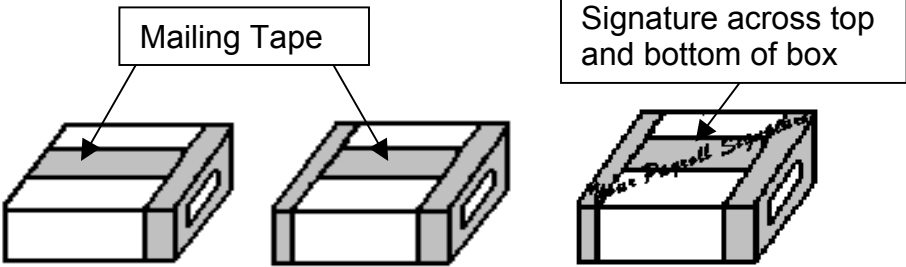
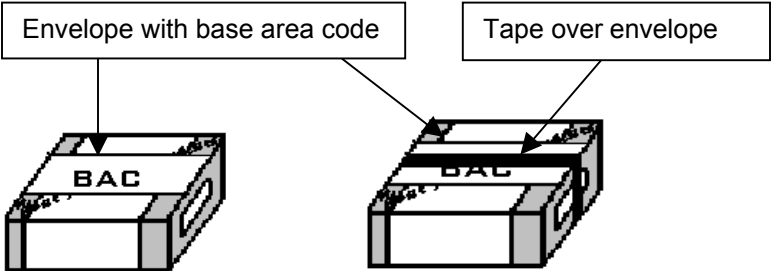
20.C.2.k. Safe Storage of Specimens

1. Specimens will not be placed in safe storage unless absolutely necessary. Arrangements can be made with the U.S. Postal Service to accept the specimens after duty hours. A box of twelve (12) specimens will fit into most drop boxes.
2. If safe storage is required, it must be annotated in Block 12, DD Form 2624. Proper annotation must include building number, room number, and container number as appropriate.
3. The safe storage area will be a restricted access area that requires an access roster. The access roster will show entries placing the specimens into safe storage and their removal.
4. The urinalysis coordinator that places the specimens in safe storage will remove the specimens from safe storage.

20.C.2.I. Packing and Mailing Requirements

The urinalysis coordinator shall prepare specimens for shipment as follows:

Step 1.	
1.	Check the bottle cap for tightness. If tightening breaks the tamper-resistant tape seal, replace the broken seal with a new one and document it appropriately on the DD Form 2624, Urine Specimen Custody Document (USCD).
2.	<p>Prepare a #10 business envelope as follows for each box of specimens. Annotate four digit Base/Area Code (BAC) on the front of envelope in large print as per example below:</p> <div data-bbox="729 600 1089 674" data-label="Image"> </div>
3.	<p>Close envelope after enclosing:</p> <ul style="list-style-type: none"> a. Original copy of DD Form 2624 b. Original(s) of Certificate of Correction (if used) <p>Original of special test request (if required)</p>
Step 2.	
1.	<p>Prepare an individual box of up to 12 specimen bottles as follows:</p> <ul style="list-style-type: none"> a. Examine the staples inside of the box, under bottle number 5 and number 8; ensure that the staples are flat. If the staples are sticking up, then either flatten them with a hammer or remove them and tape the bottom closed. <div data-bbox="673 1171 1279 1339" data-label="Image"> </div> <ul style="list-style-type: none"> b. Ensure all specimens are in the box, then place two absorbent pouches in the box. Close the box (short extensions first). <div data-bbox="557 1507 1414 1772" data-label="Image"> </div>

	<p>c. Seal with adhesive tape (use mailing tape, not scotch tape) around entire length of box covering center of box over crack left by joining lengthwise flaps of box.</p>  <p>Mailing Tape</p> <p>d. Seal each end of the box with mailing tape, ensuring that all flaps and seams are covered. After both ends of the box are taped, the urinalysis coordinator will sign across the TOP of the box and again across the BOTTOM of the box.</p>  <p>Mailing Tape</p> <p>Signature across top and bottom of box</p>
Step 3.	
1.	<p>After the box of 12 specimen bottles are properly packaged and signed by the Coordinator, continue as follows:</p> <p>a. Place prepared #10 business envelope on top of box (Original documents enclosed).</p> <p>b. Tape with 1" fiber strap tape or other suitable tape (not scotch tape).</p>  <p>Envelope with base area code</p> <p>Tape over envelope</p>
Step 4.	
1.	Place box in mail pouch (white plastic leak-proof bag, NSN 6530-01-304-9762) and seal.
2.	If more than 2 boxes, then place pouches in a larger shipping box.
Step 5.	
1.	Prepare large shipping box (with individual specimen boxes inside) if required. There are no specific taping instructions for the larger box.
2.	Prepare either the large box or individual small boxes for shipment. Additional wrapping instructions will depend upon the courier utilized.

Step 6.	
1.	Affix a label or write unit address in top left corner of box.
2.	<p>All specimens will be mailed through the U.S. Postal Service, first class mail to the following address:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> Tripler Army Medical Center FTDTL Bldg. 40, 2nd Floor Tripler AMC. HI 96859-5000 </div> <p>Next to the address, handwritten or stamp, "CLINICAL SPECIMEN – URINE SAMPLE."</p>
3.	On rare occasions, when conducting a urinalysis test for probable cause or reasonable suspicion, and a quick drug testing result is needed, the specimens may be shipped through the U.S. Postal Service Overnight Mail or Federal Express. The actual method of transport will be correctly annotated in Block 12, DD Form 2624. Attached a memorandum requesting the unit be advised of test results immediately via facsimile or Federal Express mail.

20.C.2.m. Laboratory Processing Procedures

The following is provided for general information:

- 1. Screening Laboratories.** Analysis of specimens for the Coast Guard in-service urinalysis drug testing program is performed under a government contract by a private laboratory or DoD facility. Currently, Tripler Army Laboratory performs drug testing for the Coast Guard.
- 2. Screening Tests.** Used in the initial testing of urine specimens to detect various drugs. Screening tests furnish a presumptive positive or presumptive negative result used to determine whether confirmatory tests are warranted. Any specimen presumed positive shall then undergo a confirmatory test.
- 3. Confirmatory Tests.** Urine specimens which test positive for drugs in the screening test will be tested using gas chromatography or mass spectrometry (GC/MS) technology. Whereas a screening test detects only a class of drugs; the GC/MS test detects a specific metabolite of a certain drug. All tests must be positive above the established cutoff level before a specimen is reported positive. A cutoff level has been established for each drug which will ensure the reliability of any finding that the drug is present in the specimen.
- 4. Laboratory Report.** Tripler Laboratory will report confirmed positive test results via Express Mail to the originating command (USCD block 1). Test results will be annotated on a certified copy of the DD Form 2624 Urine Sample Custody Document (USCD) mailed to the laboratory. All other results will be sent via electronic mail to the major command Area Coordinators listed in ✖ Exhibit 20.C.1. Refer questions about test result reports to Tripler Laboratory (808) 433-5176. Allow at least 10 workdays before calling for test results. A positive finding is evidence of drug use. A negative report from the lab does not necessarily mean that the urine specimen is drug free. If the concentration level is below the cutoff for a particular drug, the specimen is reported negative. A specimen containing a drug for which the lab does not test will also be reported as negative. Accordingly, commanding officers should not rely entirely on urinalysis to detect drug abuse at their units.

5. Retests Requested By Member. Commanding officers are not required to obtain a retest from the government contract laboratory when requested to do so by a member. A member, at his or her own expense, may obtain a specimen retest at a DoD- or SAMSHA-certified testing laboratory other than the contract laboratory. All requests must be in writing through the submitting command and accompanied by a \$15 cashiers check or money order to cover the cost of preparing and shipping the **specimen**. The request must include the social security number, Laboratory Accession Number, and the complete address of the laboratory where the specimen is to be sent. If a sufficient quantity of urine from the original specimen is available, the government contract laboratory will ship a portion of it directly to the lab selected by the member for this testing. Drug metabolites in urine degrade over time and certain shipping conditions accelerate this degradation. Lower levels of drug metabolites should be expected when these specimens are retested. Therefore, a negative result from another lab does not necessarily mean that a finding of no drug incident will be made. Results of retest must include a quantitation level report.

20.C.3. Drug Incident Investigations

20.C.3.a. General

Commanding officers shall initiate an investigation into a possible drug incident, as defined in ✕ Article 20.A.2, following receipt of a positive confirmed urinalysis result or any other evidence of drug abuse. The absence of a positive confirmed urinalysis result does not preclude taking action based on other evidence. Situations which should be carefully evaluated to determine if drugs are an underlying factor include: civil arrest, habitual association with persons who abuse or traffic in drugs, possession of drug paraphernalia, sudden decreases in job performance, repeated absenteeism or lateness for work, unexplained public or domestic disturbances, and accidents or unexplained circumstances requiring medical care.

20.C.3.b. Supporting Documentation and Expert Witness

1. When necessary, the commanding officer may obtain any of the supporting documents or processes listed below, for legal or administrative action, at no cost. Requests must be made to Tripler Laboratory in memo format and shall include the member's social security number and laboratory accession number. They may be sent by facsimile to (808) 834-3609 or by regular mail."
 - a. Nanogram amount for a positive specimen (1 page: generally returned by facsimile)
 - b. Commander's packet (about 10 pages: generally returned by facsimile)
 - c. Litigation packet (about 55 pages: returned by Federal Express).
 - d. Retest a specimen (in-house or private lab).
 - e. Retention of positive specimen beyond 1 year.
 - f. Analysis of adulterated specimen.
 - g. Urine typing.

2. On request, the laboratory will provide an expert witness, in person or through telephonic means, at court-martial proceedings and administrative discharge boards. The command is responsible for the expert's travel expenses. Direct command requests for expert witness testimony to Tripler lab at (808) 433-5176.

20.C.3.c. Legal Rights

Before being questioned in relation to a drug incident, members are entitled to be advised of their rights under Article 31, UCMJ. This applies whether or not disciplinary action under the UCMJ is contemplated.

20.C.3.d. Determining a Drug Incident

In determining whether a drug incident occurred, a commanding officer should consider all the available evidence, including positive confirmed urinalysis test results, any documentation of prescriptions, medical and dental records, service record (PDR), and chain of command recommendations. Evidence relating to the member's performance of duty, conduct, and attitude should be considered only in measuring the credibility of a member's statement(s). If the evidence of a possible drug incident includes a positive urinalysis result, the command should also determine whether the urinalysis was conducted in accordance with this article and whether the collection and chain of custody procedures were properly followed. The commanding officer may delay final determination to pursue any of these options deemed appropriate:

1. Ask the member to consent to a urinalysis test as outlined in ✖ Article 20.C.2.a.
2. Direct the member to participate in a urinalysis evaluation program for a maximum of six months as outlined in ✖ Article 20.C.2.a.
3. Request the laboratory reexamine the original documentation for error.
4. Request the laboratory retest the original specimen. Retesting requires additional urinalysis confirmation documentation and reduces the quantity of urine available for future directed retesting; i.e., in the case of court-martial. This should not be a routine course of action.

20.C.3.e. Preponderance of Evidence Standard

The findings of a drug incident shall be determined by the commanding officer and an Administrative Discharge Board, if the member is entitled to one, using the preponderance of evidence standard. That is, when all evidence is fairly considered, including its reliability and credibility, it is more likely than not the member intentionally ingested drugs. A preponderance of the evidence refers to its quality and persuasiveness, not the number of witnesses or documentation. A member's admission of drug use or a positive confirmed test result, standing alone, may be sufficient to establish intentional use and thus suffice to meet this burden of proof.

20.C.4. Findings of a Drug Incident

If after completing the investigation described in ✖ Article 20.C.3, the commanding officer determines that a drug incident did occur, he or she will take these actions:

1. Administrative Action. Commands will process the member for separation by reason of misconduct under ✖ Articles 12.A.11., 12.A.15., 12.A.21., or 12.B.18., as appropriate. Cases requiring Administrative Discharge Boards because of the character of discharge contemplated or because the member has served a total of eight or more years, will also be processed under ✖ Articles 12.B.31. and 12.B.32., as appropriate.
2. Disciplinary Action. Members who commit drug offenses are subject to disciplinary action under the UCMJ in addition to any required administrative discharge action.
3. Eligibility for Medical Treatment. Members who have been identified as drug-dependent will be offered treatment prior to discharge. If accepted, immediately on completing this treatment, the member will be discharged from the Service. Treatment will be coordinated through the applicable Maintenance and Logistics Command and may be either in-patient or out-patient treatment. A diagnosis of drug/chemical dependency must be made by a qualified medical officer/physician having a background in substance abuse and chemical dependency or a certified substance abuse screening facility, i.e. a U.S. Navy Counseling and Assistant Center (CAAC). The member may undergo treatment at either a Veterans Administration or civilian facility closer to his or her home. However, the applicable Maintenance and Logistics Command working in concert with medical and screening authorities will determine the treatment type and location. Members diagnosed as drug/chemically dependent who refuse treatment will be required to sign a CG-3307 acknowledging that they waive their right to benefits under the Department of Veterans Affairs for treatment for chemical dependency.

20.C.5. Findings of No Drug Incident

1. In cases in which the commanding officer determines the urinalysis result attributed to a particular member resulted from administrative error; faulty chain of custody, evidence of tampering, or that drug use was not wrongful; e.g., prescribed medication or unknowing ingestion, the commanding officer will make a finding of no drug incident and close the investigation. In addition, these actions shall be taken:
 - a. Screening and/or Counseling. A determination shall be made whether psychiatric, medical, or drug dependency screening (e.g., cases of abuse or overdose of prescription or over-the-counter medications) is warranted. At a minimum, the member's commanding officer shall review with the member the previous training they received on the subject of drug abuse. The commanding officer also shall discuss the member's current awareness of the Commandant's policy on drug abuse, the physical and psychological dangers of drug abuse, and

the sources of self-help available to maintain a lifestyle free of involvement with and exposure to drugs. If retraining is considered necessary in these areas, arrangements will be made for the member's participation in awareness training.

- b. Letter Report. Commanding officers shall notify Commandant (G-WPM-1) by letter of all cases involving positive urinalysis test results in which they make a finding of no drug incident. This letter shall indicate the drug(s) identified in the specimen and the reason for the no drug incident determination. The member should not be identified by name, social security number, or any other means since the information will be used for statistical purposes only.
2. **If subsequent to making a determination that a drug incident occurred, a commanding officer is made aware of new information and determines that, in fact, no drug incident occurred, he or she retains the authority to withdraw a recommendation for discharge until such date on which that discharge is effected.**

20.C.6. Exhibits

EXHIBIT 20.C.1 List of Major Commands

Every Coast Guard unit is under the cognizance of one of the major commands listed below for purposes of yearly allocations, supplies, and program administration. Units that fall under these commands must use their major command's Base Area Code (BAC). Questions concerning which major command is in charge of any particular unit may be directed to Commandant (G-WPM-1).

<u>BAC/UIC</u>	<u>MAJOR COMMANDS</u>
CG01-47000	ISC BOSTON MA
CG05-75130	MLC ATLANTIC
CG07-46900	ISC MIAMI FLA
CG02-46700	ISC ST LOUIS
CG08-47710	ISC NEW ORLEANS LA
CG09-46800	ISC CLEVELAND OH
CG11-75160	MLC PACIFIC ALAMEDA CA
CG13-71113	CCGDTHIRTEEN SEATTLE WA
CG14-47810	ISC HONOLULU HI
CG17-47700	ISC KETCHIKAN
CG17-46000	ISC KODIAK
CG38-52500	COGARD ENGINEERING LOGISTICS CENTER BALT MD
CG40-50100	COGARD AR&SC ELIZABETH CITY NC
CG50-52400	COGARD TISCOM ALEXANDRIA VA
CG53-47400	COGARD HRSIC TOPEKA KS
CG60-60100	COGARD ACADEMY NEW LONDON CT
CG71-62100	COGARD INST OKLAHOMA CITY OK
CG74-61200	COGARD TRACEN PETALUMA CA
CG75-63100	COGARD TRACEN YORKTOWN VA
CG76-65100	COGARD ATC MOBILE AL
CG77-67100	COGARD TRACEN CAPE MAY NJ
CG78-61300	COGARD AVTECHTRACEN ELIZABETH CITY NC
CG80-31800	COGARD YARD BALT MD
CG81-51100	COGARD R AND DC GROTON CT
CG98-47850	COGARD HQ SUPT CMD

EXHIBIT 20.C.2. Urinalysis Supplies

Urinalysis supplies and materials must be stored in a locked container at all times, with access limited to the commanding officer, executive officer, and primary urinalysis coordinator. Additional supply funding will be provided only to those major commands listed in Exhibit 20.C.1 exceeding 300 allocations. Unit funds are otherwise sufficient. Below contains supply order information.

URINALYSIS SUPPLIES INFORMATION

ITEM		STOCK #
Shipping Box and 12 Bottles		6640-00-165-5778
Wide Mouth Bottles		6530-01-048-0855
Mailing Pouch-White		6530-01-304-9762
Absorbent Pads		6530-01-304-9754
Envelope Packing Lists		8105-00-857-2247
Tape, Gummed Kraft		8135-00-598-6097
Tape, Tamper Resistant		6640-01-204-2654
Tape, Pressure Pack Nylon		7510-00-290-8035
Gloves, Rubber		6515-00-339-7860
Label, Pressure Sensitive		7530-01-204-9751
Retractable Ball Point Pens		7520-00-935-7135
FORMS: (Available in CG Jetforms)		
(DD Form 2624, Specimen Custody Document - Drug Testing)[Order using DD-1348 Istrip, available in pads of 50]	0102-LF-016-7600	
Unit Urinalysis Ledger		

[illegible]

EXHIBIT 20.C.4 Urinalysis Checklist

1. Did you check the inside of the bottle (empty and clean)?
2. Is the specimen that you have provided your specimen that has not been altered in any way?
3. Is your social security number on the label? Is it correct? Did you initial the label?
4. Did you verify that the batch number and specimen number on the label match those on the ledger?
5. Did you verify that the social security number and name on the ledger are correct? Did you sign the ledger?
6. Did you give a list of medications you are taking or notify the coordinator that medication is recorded in your health record?

In the space by your specimen number, write "yes" if the answer to all the questions is yes. If not, write "no", and then annotate the discrepancy in the space provided.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

EXHIBIT 20.C.5. Sample of DD Form 2624**Sample of DD Form 2624, Specimen Custody Document – Drug Testing (Front)**

SPECIMEN CUSTODY DOCUMENT – DRUG TESTING						A. LABORATORY CONDUCTING DRUG TESTING			
1. SUBMITTING UNIT USCGC CHINCOTEAGUE (WPB 1320) C/O CG GROUP SOUTH BROAD STREET MOBILE, AL 36615-1390				2. ADDITIONAL SERVICE INFORMATION (Second Echelon) CCGDEIGHT NEW ORLEANS, LA NAME OF UNIT COORDINATOR: PHONE #:					
3. BASE/AREA CODE C G 0 8		4. UNIT IDENTIFICATION CODE T 1 3 4 2 0		5. DOCUMENT/BATCH NUMBER C T 0 1		6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD) 1 9 9 9 1 0 0 2			
7. SPECIMEN NUMBER		8. COMPLETE SSN		9. TEST BASIS		10. TEST INFORMATION		11. PRESCREEN THC COC	
(1)		001 – 41 - 6953		IR		A			
(2)		000 – 58 - 9362		PO		B			
(3)		000 – 25 – 9076		IR		A			
(4)		123 – 45 – 6789		OO		A			
(5)		000 – 86 – 0987		IR		B			
(6)		– –							
(7)		– –							
(8)		– –							
(9)		– –							
(10)		– –							
(11)		– –							
(12)		– –							
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.								(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(1) SIGNATURE						(2) DATE SIGNED			

Dd Form 2624, FEB 93

Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.

Sample of DD Form 2624, Specimen Custody Document – Drug Testing (Back)

12. CHAIN OF CUSTODY				INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/REMARKS d.	BLOCK	USA	USN/MC	USAF	
(1) 991002	SIGNATURE <i>John J Jones</i> NAME JOHN J. JONES	SIGNATURE NAME US POSTAL SERVICE	TRANSPORT TO TAMC FTDPL	1	SUBMITTING UNIT	Message address of unit submitting samples		
(2)	SIGNATURE NAME	SIGNATURE NAME		2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do Not Use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC
(3)	SIGNATURE NAME	SIGNATURE NAME		3	BASE/ AREA CODE	Service Code Area	Leave Blank. For Future Use	Four-character Base Identification Code (Ex., F123) Comprises the first four characters of the full 10- character Base Identification Number (BIDN)
(4)	SIGNATURE NAME	SIGNATURE NAME		4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of Unit submitting urine sample.		Do not use
(5)	SIGNATURE NAME	SIGNATURE NAME		5	DOCUMENTATION/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned.	3-digit batch number common to all specimens in the shipment (EX., 501). Comprises the middle part of
(6)	SIGNATURE NAME	SIGNATURE NAME		6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two digit month, and two-digit day that samples were collected by submitting unit.		
(7)	SIGNATURE NAME	SIGNATURE NAME		7	SPECIMEN NUMBER	Use number pre-printed on form To itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN)
(8)	SIGNATURE NAME	SIGNATURE NAME		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
(9)	SIGNATURE NAME	SIGNATURE NAME		9	TEST BASIS	Indicate the testing premise to conduct the collection.		
(10)	SIGNATURE NAME	SIGNATURE NAME		10	TEST INFORMATION	Military: A = E1 – E4; B = E5 – O10 Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD ADAPCP Staff; G = other TDP N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids O = Other Drugs Provide Clarification in attached message
(11)	SIGNATURE NAME	SIGNATURE NAME	11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used	
12. CHAIN OF CUSTODY (LINE (1)).				a. DATE – Date of collection/shipment. b. RELEASED BY – Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY – Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK – Specify the mode of accountable transportation/system utilized to ship specimens to the lab. NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), Each chain of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment block (d). If a modification sheet is necessary, it must contain information/signature block (a), (b), (c), (d).				
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES								

rm 2624, FEB 93 – Page 2

*U.S. GPO: 1993-300-727/90354

EXHIBIT 20.C.6. Drug Cut-off Level

		THC	Cocaine	AMPS	PCP
Screen		50	150	500	25
CG/MS		15	100	500	25
	MOR	COD	6MAM	LSD	BARBS
Screen	2000	N/A	N/A	500 pg/ml	200
GC/MS	4000	2000	10	200 pg/ml	200

EXHIBIT 20.C.7. Tripler Laboratory Discrepancy Codes

DISCREPANCY CODES									
1. SPECIMEN					3. FORM (continued)				
	X	SA	Specimen appears to be adulterated			T	FG	Date Specimen is Collected is missing	
	T	SB	Specimen appears to be adulterated			T	FH	Date Specimen is Collected does not agree	
	X	SC	Quantity not sufficient to test			X	GB	SSN on DD Form 2624 missing / illegible / incomplete	
	T	SZ	Specimen: Other			X	FU	SSN overwritten on DD Form 2624	
						X	FI	SSN not forensically corrected	
2.	LABEL				X	GS	Civilian code in Block 9		
	X	LD	Label over label		X	GD	Code in Block 10 not A or B		
	T	LE	Base / Area Code is missing		X	GJ	Block 10 not forensically corrected		
	T	MC	Base / Area Code is not correct		X	GQ	Service member's name received on DD Form 2624		
	T	LF	Date missing		T	GZ	Form: Other		
	T	LG	Date specimen collected is not correct		4.	PACKAGE			
	T	LJ	Service member's initials missing on bottle label		X	PA	Shipping container received with no or broken seal		
	T	LK	Absence of two sets of initials on bottle label		X	PB	Tampering		
	X	LM	No SSN on bottle label		T	PZ	Package: Other		
	X	LN	SSN on bottle does not match SSN on DD Form 2624		T	PD	No signature on package		
	X	MB	SSN is incomplete / illegible		5.	BOTTLE			
	X	LS	SSN not forensically corrected – OVERWRITTEN		X	BC	Specimen leaked in shipment, quantity not sufficient to test		
	X	LT	SSN not forensically corrected		X	BD	Bottle received with broken seal and no explanation		
	T	LZ	Label: Other		X	BE	Bottle received without seal and no explanation		
3.	FORM				X	BF	Bottle received double taped and no explanation		
	T	FK	Form other than DD Form 2624 received		X	BG	Bottle with broken chain of custody		
	X	FL	No DD Form 2624 received		X	BI	Bottle damaged, not tested		
	X	FQ	DD Form 2624 Chain of Custody entries are not original		X	BP	Unauthorized specimen container		
	X	FN	DD Form 2624 does not have Chain of Custody entries		X	BQ	Service member's name received on bottle		
	X	FM	DD Form 2624 received separately from bottle		T	BZ	Bottle: Other		
	X	FR	DD Form 2624 on two pieces of paper w/o identifiers		6.	OTHER			
	X	GG	DD Form 2624 listed specimen, no bottle received		X	OA	Laboratory Accident		
	X	FP	Specimen bottle present, not recorded on DD Form 2624		X	OB	Service member's name received on "Other"		
	T	FA	Base / Area Code missing		X	OD	Untestable Discrepancy with no other code assigned		
	T	FB	Base / Area Code does not agree		X	OF	Security Violation in the FTDLT storage room		
	T	FC	Base / Area Code is not correct		X	OG	Technical difficulties		
	T	FD	Unit Identification Code is missing / incorrect						
	T	FF	Document / Batch number is missing						